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# McDermott, Will & Emery

## FACSIMILE

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Client/Matter/Tkpr:		43889-984-5328	Date: April	14, 2003	Time Sent:				
			Number o	of pages inclu	ding this page:	13			
TO:									
Name:	Examin	er Tam D. TRAN - GAU 2676	Facsimile No.	703 872 93	314				
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PATENT ATTORNEY DOCKET NO. 43889-984

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT TRANSMITTAL

In re Application of: Tetsuji KISHI

Serial No.: 09/677,821

Group Art Unit: 2676

Filed: October 3, 2000

and Trademarks, Washington, D.C. 20231

Examiner: Tam D. TRAN

For: APPARATUS AND METHOD FOR DRAWING LINES

CERTIFICATION OF FACSIMILE TRANSMISSION

1 HEREBY CERTIFY THAT THIS PAPER IS BEING FACSIMILE TRANSMITTED TO THE PATENT AND TRADEMARK OFFICE GRITHE DATE SHOWN BELOW.

Honorable Commissioner of Patents and Trademarks.

sir:

X Transmitted herewith is an amendment for the above-identified application.

### STATUS

2. X Applicant is \_\_\_ is small entity - verified statement:

\_\_\_\_attached \_\_\_\_already filed.

X other than a small entity.

## EXTENSION OF TIME

- 3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. §1.136 apply.
  - (a) \_\_\_\_ Applicant petitions for an extension of time for the total number of months checked below:

(months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
one month two months three months four months	\$ 55.00 205.00 465.00 725.00	410.00 930.00

Fee \$\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

An extension for \_\_\_ months has already been secured and the fee paid therefor of \_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this Request \$

(b) X Applicant believes that no extension of time is required.
However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition for extension of time.

:	Claims Remaining After Amendment	:	Highest Number Previously Paid For					Ra	ate		:	Additional Fee
:		:		:		:						
:	15	:	20	7	0	:	x	\$	18.00	=_	:	0.00
nt:		:	<del></del>	;		:					:	
	4	:	4	:	0	:	х	\$	84.00	=	:	0.00
Depe	ndent Claims	(fi	irst present	ation	)	:		\$2	280.00	=	:	0.00
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The fee for claims has been calculated as shown below:

(a) X No additional fee for claims is required.

-OR-

(b) \_\_\_ The total additional fee for claims required \$

### FRE PAYMENT

- 5. \_\_\_ Attached is a check in the amount of \$ .
  - Charge Deposit Account No. 50-0417 the amount of \$ \_\_\_\_. A duplicate copy of this Transmittal is enclosed for accounting purposes.

### FER DEFICIENCY

X If any additional extension and/or fee is required, this is the request therefor and to charge Deposit Account No. 50-0417.

## AND/OR

X If any additional fee for claims is required, charge Deposit Account No. 50-0417. A duplicate copy of this Transmittal is enclosed for accounting purposes.

Respectfully submitted,

MCDERMOTT, WILL & EMERY

Date: 114/03

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Michael E. Fogarty
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